

KCC's Kids Camp — June 2-4, 2017

Registration Deadline: May 21, 2017

Please fill out one form per child, both sides

Payment MUST accompany form.

Last Name: _____

First Name: _____

Sex: M F Age: (by June 2) _____ Current Grade: _____

Birthdate: Yr: _____ Mo. : _____ Day: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Mother/Guardian: _____

Phone: hm: _____ Cell: _____

Father/Guardian: _____

Phone: hm: _____ Cell: _____

Email address: _____@_____

(confirmation letter will be sent to this address the week of camp):

What Church do you attend? _____

What School do you attend? _____

ONE Roommate request: _____

(This does not guarantee you will be with this person.)

●.....●

Grade 1	Grade 2	Grades 3 - 6
<i>Sat. Only</i>	<i>Fri.-Sat.</i>	<i>Fri. - Sun.</i>
Gr. 1: \$35.00	Gr. 2: \$55.00	Gr. 3-6: \$80.00

Bus rides are available for grades 1 & 2 only; to and from camp for grade 1, home from camp for grade 2.

Yes, this child needs a bus ride on Saturday

No, this child does not need a bus ride on Saturday

I will drop this child at the camp at 9:00 am (Gr. 1) and/or pick them up at 9:00 pm (Gr 1 & 2).

●.....●

Please indicate **payment** method: **Cheque #** _____ or **Cash** _____
(payable to Kelowna Christian Center)

\$ _____ Total camp fee

●.....●

Or, I Request Financial Assistance (Call 250-762-9559 or email johanna.martz@kcc.net **FIRST** to make arrangements.) I am paying \$ _____ (enclosed)

Please turn over. →

MEDICAL INFORMATION & RELEASE FORM

Camper's Full Name: _____

Mother/Guardian: _____ Emerg. Phone No. (at time of camp) : _____

Father/Guardian: _____ Emerg. Phone No. (at time of camp) : _____

Other person to call in case parents can't be reached in an emergency:

Name: _____ Relationship to child: _____

Their Phone #: _____

**** IMPORTANT!**** Care Card Number: # _____

Doctor's Name: _____ Phone #: _____

CAMPER'S HEALTH RECORD:

Please advise us of any health/behavioural concerns, i.e., Medical, Food or Other Allergies; ADHD, Epilepsy, Medications (medication form to be filled out by parent at the nurse's station at camp), etc.

My child may may **not** SWIM.

I hereby release my child to participate in all the activities of the camp, including, (if camp pool is unavailable) a bus ride to and from Johnson Bentley Pool in West Kelowna as well as the bus ride to and from KCC if Indicated on this form and I release Kelowna Christian Center Society and any of its representatives from any responsibility or liability; and waive any claims or causes of action against the society or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving the above child. In the case of a medical emergency, I hereby release the camp nurse, Director Johanna Martz, or Pastor Sean Lalonde to secure any emergency medical/dental care deemed necessary, including ambulance or hospitalization (I am responsible for any fees).

PHOTO PERMISSIONS

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

Brochures/Promotional material Church Website Newsletters

Signed: _____ Date: _____
(Parent/Legal Guardian)

Print Name: _____

Mail this registration to:
Kelowna Christian Center
Attn: Johanna Martz
905 Badke Rd.
Kelowna, B.C. V1X 5Z5

or drop off at the KCC Church office.

Payment MUST accompany form.
For more information please call:
250-762-9559
Registration Deadline: May 21, 2017